

M/MM/SM-1
09/03

STATE OF WISCONSIN
WISCONSIN EMPLOYMENT RELATIONS COMMISSION
P.O. Box 7870, Madison, WI 53707-7870
(608) 266-1381

REQUEST TO INITIATE MEDIATION

(Pursuant to: Section 111.11 of the Wisconsin Employment Peace Act
Sections 111.70(4)(c)1 or (4)(cm)3 of the Municipal Employment Relations Act
Section 111.87 of the State Employment Labor Relations Act)

1. Requesting Party or Parties:

_____ Employee Organization

_____ Employer

_____ Joint

**THE FILING FEE FOR MEDIATION IS \$500
SPLIT EQUALLY BETWEEN BOTH PARTIES.
PROCESSING BEGINS WHEN REQUEST AND
\$250 IS RECEIVED AT WHICH TIME THE
OTHER PARTY IS BILLED BY THE
COMMISSION FOR THE REMAINING \$250.**

2. Identity of Parties Involved:

(Labor Organization)

(Representative)

(Telephone No.)

(Street)

(City)

(Zip)

(Employer)

(Representative)

(Telephone No.)

(Street)

(City)

(Zip)

3. Description of the collective bargaining unit involved:

Approximate number of employees in unit: _____

4. There **(is)** **(is not)** an existing collective bargaining agreement (which expires on) _____.

5. Does the Labor Organization herein represent any other employees of the Employer in a separate bargaining unit? Yes ___ No ___ If so, are the parties engaged in negotiations over said separate unit(s)? Yes ___ No _____. If yes, indicate the number of meetings held _____

6. Date this form is being sent to WERC: _____